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POWER OF ATTORNEY

REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS  Thereby revoke all previous powers of attorney given in the above-identified application.  A Power of Attorney is submitted herewith.  A Power of Attorney is submitted herewith.  Reaminer Name Signature of Signature o		OR	Filing Date	July 2	4, 2003	
WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS  At Unit 2475 Examiner Name Man U Phan Attorney Docket Number STL11301  I hereby revoke all previous powers of attorney given in the above-identified application.  A Power of Attorney is submitted herewith.  OR I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:  Practitioner(s) Name Registration Number  Practitioner(s) Name Registration Number  Registration Number  Registration Number  OR The address associated with Customer Number:  OR The address associated with Customer Number:  OR State City Country Telephone Email I am the:  Assignee of record of the entire interest. See 37 CFR 3.71.  Assignee of record of the entire interest. See 37 CFR 3.71.  Assignee of record of the entire interest. See 37 CFR 3.71.  Assignee of record of the entire interest. See 37 CFR 3.71.  Assignee of record of the entire interest. See 37 CFR 3.71.  Assignee of record of the entire interest. See 37 CFR 3.71.  Assignee of Record  Signature  Date  Date  Title and Company Sr. Patent Attorney, Seagate Technology LLC  NOTE Signature of all the reventors or assignees of record of the entire interest of second of the entire interest of the order to the representant explored. Subnit multiple forms if more than one storage of the properties of the processor of the process	First Named Inves		First Named Inventor			
Art Unit   2475  CHANGE OF CORRESPONDENCE ADDRESS   Art Unit   2475  I hereby revoke all previous powers of attorney given in the above-identified application.  A Power of Attorney is submitted herewith.  OR  I hereby appoint Practitioner(s) associated with the following Customer   26861   Number as mylour attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.  Practitioner(s) name below as mylour attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:  Practitioner(s) Name   Registration Number    Practitioner(s) Name   Registration Number    Practitioner(s) Name   Registration Number    OR   The address associated with Customer Number.  OR   The address associated with Customer Number.  OR   Firm or   Individual Name   Address    Country   State   Zup    Country   Statement under 37 GPR 3 73(0) (From ProS899) submitted herewith or field on    Signature   Date   Zup   Zup    Country   Statement under 37 GPR 3 73(0) (From ProS899) submitted herewith or field on    Signature   Date   Zup   Zup    Country   Statement under 37 GPR 3 73(0) (From ProS899) submitted herewith or field on    Signature   Date   Zup   Zup    Country   Statement under 37 GPR 3						
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A Power of Attorney is submitted herewith.  OR  I hereby appoint Practitioner(s) associated with the following Customer Number as mylour attorney(s) or agent(s) to prosecute the application and trademark Office connected therewith.  OR  I hereby appoint Practitioner(s) named below as mylour attorney(s) or agent(s) to prosecute the application of trademark Office connected therewith.  OR  I hereby appoint Practitioner(s) named below as mylour attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:  Practitioner(s) Name  Registration Number  Registration Number  OR  The address associated with the above-mentioned Customer Number.  OR  Firm or  The address associated with Customer Number:  OR  State  City  Applicant/Inventor.  OR  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) [From PTO/SSP6) submitted herewith or field on  SIGNATURE of Applicant or Assignee of Record  Signature  Date  Date  Date  Telephone  Date  Date  Date  Telephone  Title and Company  Sr. Patent Attorney, Seagate Technology LLC  NOTE Signature of all the reventors or assignees of record of the entire interest of second of the entire interest of the conditional or telephone of the conditional or telephone or tele	CHANGE OF CORRESPONDENCE ADDRESS Attorney Docket Num			r STL11301		
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Address  City State Zip  Country  Telephone Email  I am the:  Applicant/Inventor.  OR  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.72(b) (Form PTO/SB/96) submitted herewith or filed on January 19, 2009  SIGNATURE of Applicant or Assignee of Record  Signature David K. Lucente David K. Lucente Telephone Tooks 170, 86, 76, 77, 77, 77, 77, 77, 77, 77, 77, 7						
City  Country  Telephone  I m the:  Applicant/inventor.  OR  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(a) (Form PTO/SB96) submitted herewith or filed on						
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Assignee of record of the entire interest. See 37 CFR 3.71.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) (Form PTO/SB96) submitted herewith or filed on January 19, 2009  Signature David K. Lucente Date Date Telephone 720-684-2295  Title and Company Sr. Patent Attorney, Seagate Technology LLC  NOTE Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature in required, see below.	I am the:					
Salignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) (Form PTO/SBA96) submitted herewith or filed on SIGNATURE of Applicant or Assignee of Record  Signature David K. Lucente David K. Lucente Tale and Company Sr. Patent Attorney, Seagate Technology LLC  NOTE Signature of all he inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one inspirated is required. Submit multiple forms if more than one inspirated is required. Submit multiple forms if more than one inspirated is required.						
Signature Date 2/91// Name David K. Lucente Telephone 720-684-2295 Title and Company Sr. Patent Attorney, Seagate Technology LLC NOTE Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below:	Assignee of record of		ied herewith or filed on	nuary	19, 2009	
Name David K. Lucente Technology LLC Telephone 720-684-2295 Title and Company Sr. Patent Attorney, Seagate Technology LLC MOZE Signatures of all the inventors or assigness of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		SIGNATURE of Appl	icant or Assignee of Reco	rd		
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This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.